



The Secretary for Health Services

COMMONWEALTH OF KENTUCKY

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PAUL E. PATTON
GOVERNOR

MARCIA R. MORGAN
SECRETARY

February 6, 2003

Home and Community Based (HCB) Waiver
Transmittal # A-47

Dear HCB Waiver Provider:

Enclosed please find the revised Home and Community Based Waiver Client Assessment form (MAP-351A). Providers participating in the HCB waiver program shall utilize the revised MAP-351A for each certification, re-certification, and re-application. Providers may begin to utilize the revised MAP-351A when their current supply of MAP-351A's has been exhausted. During the transition Healthcare Review Corporation will honor either version of the MAP-351A. Please be advised when utilizing the revised MAP-351A, the Prior Authorization for Health Services (**MAP-9**) and the Physician's Recommendation (**MAP-10**), will once again be required. It is imperative that your agency submit the MAP-9 and MAP-10 along with the MAP-351A to avoid a delay in the processing of a certification, re-certification or re-application.

The Department for Medicaid Services (DMS) has enclosed a copy of the MAP-351A and the detailed instructions. Your agency may copy the blank form or complete the enclosed re-order form (MAP-252) and send it to DMS for processing. An electronic version of this form is available for downloading from the DMS web site. The web address is chs.state.ky.us/dms. Once you have reached this web address, click on the link to "Provider Resources", then click on the link to "2002 Provider Letters", and then

"...promoting and safeguarding the health and wellness of all Kentuckians."



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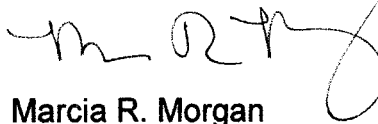
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click the link to Provider Type 42 and follow the downloading instructions on the screen. **Any MAP-351A that has been altered from the original format of the current version as found on the above website will not be processed.**

If you have any questions or require training on the use of the MAP-351A, please send your written requests to Patrick W. Bishop RN, Nurse Consultant Inspector, with the Division of Long Term Care, Department for Medicaid Services, Community Based Services Branch, Mail Stop 6WB, 275 East Main Street, Frankfort, Kentucky 40621. Your questions may also be submitted by e-mail to Patrick.Bishop@mail.state.ky.us.

DMS appreciates your continuing efforts to provide quality services to the HCB population within the Commonwealth of Kentucky.

Sincerely,

A handwritten signature in black ink, appearing to read 'm R Morgan', with a large loop at the end.

Marcia R. Morgan
Secretary

MRM/pb/tb

Enclosures